



ESPN Thematic Report on work-life balance measures for persons of working age with dependent relatives

Luxembourg

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Summary/Highlights

Luxembourg has introduced several legislative measures to facilitate the reconciliation of work and family life and to support carers. There is a carer's leave for family reasons and a carer's leave to accompany a dying person. Moreover, a flexible time system allows salaried workers to organise their daily working hours and time on an individual basis in accordance with their personal needs. Long-term care (LTC) insurance was introduced in 1999 as a compulsory insurance that allows dependent people to get reimbursement for formal or informal care services that are not covered by health insurance. Luxembourg showed a LTC public spending of 1.5% of GDP for 2013 (EC, 2015a). Approximately 13% of the population in Luxembourg aged 65 years and over receive long-term care, either in residential care (5.3%) or at home (7.7%) (EC, 2014). So, Luxembourg seems to rely more on home care and as a result also on informal care. For instance, 20.1% of the working population in Luxembourg stated to take part-time care of an older family member in the Eurobarometer survey 76.2 of 2011 compared to an average share of 16.4% carers in the working age population in Europe. Moreover, the gender employment gap (i.e. the difference between the employment rates of men and women of working age) and the percentage of part-time workers in total female employment are both above the EU-28 average. Also, Luxembourg shows a lower female employment rate for those aged between 50 to 64 years compared to the EU-28 average.

The fact that two-thirds of claimants of long-term care insurance are cared for at home and that 2 in 3 of them opt for the voluntary combination of professional and informal care, puts pressure on the work-life balance of mainly female informal caregivers aged between 50 and 64 years and on their availability for work. Therefore, the reform of long-term care insurance announced by the government should also address this issue. For instance, by making an assessment of the extent long-term care insurance facilitates a reconciliation of work and family life and influences the participation of women in the labour market. However, the fact that the dependent person should use the cash benefit to pay the informal caregiver minimizes the possible income loss for the informal caregiver. It also implies a remuneration for the economic value of informal care which is not at all a common policy in other countries. Moreover, the care of a dependent person can be credited as a contributory period to the pension system under certain circumstances.

Luxembourg still shows a rather average generosity level of legal entitlements for the reconciliation of work and care (Eurofound, 2015a). This is not only the result of the strong focus on home care and informal care within long-term care insurance but also due to the short period of carer's leaves and their narrow scope. These short periods of entitlement could be addressed in the future. Nonetheless, an important advantage of these carer's leaves of Luxembourg compared to other countries is the payment of the full salary during the period of leave.

1 Description of main features of Work-Life Balance measures for working-age people with dependent relatives

1.1 Overall description of long-term care regime

Long-term care insurance was introduced in 1999 as a new pillar of the Social Security system in order to bridge a growing benefit gap for long-term care services, which until then were granted by health, work accident and invalidity insurances.

Four principles were at the basis of this law:

- Priority for rehabilitation measures before long-term care;
- Priority for at-home care before institutional care;
- Priority for in-kind services before cash benefits;
- Continuity in long-term caregiving.

Long-term care insurance is a compulsory insurance allowing dependent people to get reimbursement for formal or informal care services that are not covered by health insurance. All subscribers to the National Health Fund (CNS) and members of their families have the right to benefit from long-term care insurance. There are no income requirements (MSS, 2015). To be dependent is defined as being in need of the assistance of another person (a professional or an informal carer), to carry out the activities of daily living. This need for assistance must persist for at least a period of six months or be permanent. Moreover, this need for assistance must account for at least 3.5 hours per week. It must be a consequence of a disease or a physical, psychic or mental handicap. People suffering from complete blindness, people having difficulties in communicating because of serious problems of hearing, dysarthria and persons having undergone a laryngectomy or people suffering from spina bifida can benefit from long-term care insurance without meeting these conditions. When long-term care insurance is called upon for ill or disabled children, it concerns only the need for additional help for these children as compared to children of the same age and in good health (Ibid.).

All Luxembourg residents pay a special contribution of 1.4% of all their incomes. This is mainly supplemented by a State contribution (40% of total expenses) (MSS, 2015). A report published in 2013 on the functioning and the financial viability of long-term care insurance indicated that under current conditions the financial viability is fragile (IGSS, 2013b). As a result, the government decided to reform long-term care insurance in order to improve the cost-effectiveness of the system (GOV-LU, 2015 and EC, 2015b).^{1,2} However, the planned reform has not yet been translated into legislation.

Market entry to the care-giving sector is restricted to organisations approved by the Ministry of Family Affairs based on the fulfilment of certain quality standards and after signing a framework contract with the long-term care insurance organisation, which determines the rights and obligations of the nursing care services. The following types of care providers were registered by the end of 2012 (IGSS, 2013a):

¹ For instance, according to calculations by the General Inspectorate of Social Security (IGSS) (2013b), long-term care insurance should remain financially stable until 2030 if the contribution rate is gradually raised from 1.4% to 1.7%.

² In the most recent 'Stability and growth programme of the Grand-Duchy of Luxembourg' (GOV-LU, 2015, p. 42) we read the following recommendation with regard to long-term care insurance: *"It is necessary to evaluate certain services with relation to their intent, effectiveness and volume and to recommend any necessary adaptations. It is necessary to identify potential savings while maintaining the same level and quality of care and adhering to the basic principles of the insurance. Some of the major areas to be explored include revising assessments of degrees of dependence, evaluation of the scope of support activities, better coordination of the entities involved, including planning of structures and approval of activities and the revision of methodology and determination of monetary values."*

- 16 ambulatory networks offering nursing care at home,
- 50 day-care institutions,
- 38 intermittent-care centres for alternating short-term stays and
- 52 nursing homes and so-called integrated homes for the elderly with a mix of dependent and less-dependent residents.

Forecasts by the General Inspectorate of Social Security (IGSS) on the future demand for long-term care services calculated an anticipated increase of 64% for institutional care and 54% for home care by 2030 compared to the year 2010 (IGSS, 2013b). In the Ageing Report 2015 of the European Commission the LTC expenditure for 2013 is estimated at 1.5% of GDP. It is estimated to increase to 1.8% of GDP in 2030 and to 3.2% of GDP in 2060 (reference scenario) (EC, 2015a).

1.2 Description of carers' leaves

1.2.1 Leave for family reasons (*le congé pour raisons familiales*)

Leave for family reasons may be taken by an employee, self-employed person or apprentice who needs to stay with his/her sick child younger than 15 years of age or with his/her disabled child. Thus, the scope of this leave is rather limited given that care for older dependent persons is not included. Every working parent is entitled to 2 days leave per year and per child younger than 15 years of age or 4 days per year and per child benefiting from a disabled children's allowance.³ The duration of this leave may be extended if the child is suffering from an extremely serious illness or deficiency (for example: cancer, illness requiring more than 2 weeks hospitalisation) and is limited to a maximum period of 52 weeks within a period of 104 weeks. This leave may be split up and may also be taken on a part-time basis.

The period of leave for family reasons is treated as a period of sick leave. During this period there is a continued payment by the employer of 100%. The employers' mutual insurance scheme reimburses the employer for the total wage costs (gross salary + employers' costs) during the period of continued pay.

1.2.2 Leave to accompany a dying person (*le congé d'accompagnement*)

Leave to accompany a dying person is a special type of paid leave which enables an employee, a self-employed person or an apprentice with a close relative (i.e. spouse/partner, child, mother, father, sister or brother) in the terminal stage of a serious illness to take leave of absence to be able to stay at their side.⁴ The claimant is entitled to 5 days leave (40 hours) per year and per case. Employees with part-time contracts are also entitled to a maximum of 40 hours leave. This leave may be split up and may also be taken on a part-time basis. The leave ends on the date the person concerned dies.

The allowance during the period of leave to accompany a dying person will be paid by the National Health Fund (CNS) without any income loss.

³ If only one parent is working, only the working partner is entitled to the leave for family reasons. On the other hand, when both partners are working, both are entitled to 2 days of leave per child.

⁴ See also <http://www.csl.lu/questions-reponses/205-new-8-3-5-le-conge-daccompagnement>

1.2.3 Flexible working time arrangements

An employer may determine a reference period during which work may be subject to flexibility by implementing either a working hours plan (*plan d'organisation du travail - POT*) or a flexible time system (*l'horaire mobile (HM)*).⁵

The flexible time system allows employees to organise their daily working hours and time on an individual basis in accordance with their personal needs as long as they respect operational needs, co-workers' reasonable needs, and the maximum work time allowed (10 hours a day and 48 hours a week).

Within the framework of this system, the employer may set:

- fixed daily working hours where the employees must be present;
- a time slot for flexible working hours that the employees are free to organise themselves;
- the number of overtime hours which can be transferred to the following reference period;
- the deadline allocated to compensate for missing working hours during the following reference period.

1.3 Description of carers' cash benefits

1.3.1 Long-term care insurance (*l'assurance dependence*)

At home, the dependent person can divide their needs for assistance and care between professional care and informal care (by anyone who is not linked to a care network). It is indeed possible to replace a part of the assistance and care to which a dependent person is entitled by an amount of money which is meant to enable the dependent person to ask for the assistance and care of an informal carer (i.e. cash benefits paid for home care – see also *Table 1*). For a maximum of 10.5 hours per week, it is possible to replace the services provided by a professional caregiver with cash benefits at an amount of EUR 25 per hour. The maximum weekly amount is EUR 262.50 (for 10.5 hours). These cash benefits are paid directly to the dependent person. The dependent person should use the cash benefits to pay an informal caregiver of her/his choice, who is frequently a family member (most frequently a woman). Only activities of daily living and domestic tasks can be performed by an informal caregiver, whereas psychological support and counselling can only be offered by professional caregivers.

Total LTC expenses more than doubled between 2008 and 2014, to an expected spending of EUR 681 million in 2015 (CNS, 2015). Only a marginal part of these expenses relate to benefits in cash (EUR 6 million in 2014) (*Table 1*). However, this is an underestimation as also EUR 59 million benefits in cash are allocated to pay for assistance and care by an informal carer, amounting to 11% of total spending.

⁵ See also <http://www.csl.lu/questions-reponses/110-flexibilite-du-temps-de-travail>

Table 1 Public spending LTC insurance, in € millions, Luxembourg, 2008-2014

Year	2008	2013	2014	Share in total	Share in benefits in kind	Share in benefits in kind provided in LU	% change 2008 to 2014	% change 2013 to 2014
Total	232.5	518.5	521.0	100%			124.1%	0.5%
*Benefits in cash	7.2	5.8	5.7	1%			-21.7%	-3.1%
*Benefits in kind	225.2	512.7	515.3	99%	100%		128.8%	0.5%
Provided in Luxembourg	216.0	505.1	507.3	97%	98%	100%	134.8%	0.4%
Home care	134.0	211.8	195.1	37%	38%	38%	45.7%	-7.9%
Assistance and care	75.4	133.2	117.7	23%	23%	23%	56.1%	-11.6%
Benefits in cash	46.8	60.0	58.7	11%	11%	12%	25.3%	-2.3%
Residential care	79.7	293.2	312.2	60%	61%	62%	291.5%	6.5%
Provided abroad	9.2	7.6	8.0	2%	2%		-13.3%	5.0%

Source: STATEC Luxembourg

Pensions

The care of a dependent person can be credited as a contributory period to the pension system under certain circumstances. Firstly, the dependency of a person needs to be approved by long-term care insurance. Secondly, if the informal caregiver does not benefit from a personal pension, the dependent person can claim for him/her to have the pension contribution paid by long-term care insurance.

The 2012 pension reform introduced a new measure in favour of vulnerable (female) pensioners with an interrupted career for certain reasons (e.g. care for elderly relatives) and this for a period of maximum five years. A voluntary pension contribution of around EUR 100 per month (which is much lower than the previous EUR 300 per month before the pension reform), makes it possible to include these periods as qualifying periods to fulfil the criteria for a minimum or early pension. This reform, particularly targeting women (given the fact that mostly women take care of children and elderly relatives) whose pension is on average half the level of a man's pension, aims at decreasing the pension gap between women and men.

1.4 Description of carers' benefits in kind

1.4.1 Long-term care insurance (*l'assurance dépendance*)

Roughly 99% of LTC expenses relate to benefits in kind (see above - Table 1). Despite the high number of (retired) cross-border commuters, 98% of the benefits in kind are provided in Luxembourg. Most of the benefits in kind provided in Luxembourg relate to residential care (62% of total expenses in kind).

2 Analysis of the effectiveness of work-life balance measures for working-age people with dependent relatives

2.1 Assessment of individual measures

2.1.1 Carers' leaves

Leave for family reasons (*le congé pour raisons familiales*)

In 2014, roughly 22,000 employees or 5.5% of the total number of employees took a leave for family reasons (*Table 2*). In absolute and relative terms mainly women (8.6% of total female employees in 2014) make use of this leave.

Table 2 Share of total number of employees making use of the leave for family reasons, 2012 – 2014, Luxembourg

Year	Men	Women	Total
2012	3.1%	8.2%	5.1%
2013	3.5%	8.7%	5.5%
2014	3.5%	8.6%	5.5%

Source: IGSS (2015)

The continued payment by the employer implies that there is no income loss for the claimant during the short period of leave (assuming that the duration is not extended).

Leave to accompany a dying person (*le congé d'accompagnement*)

Again, there will be no income loss during the short period of leave.

Flexible working time arrangements

More than 1 in 3 workers are employed by a company where none or fewer than 20% of their workers may adapt the start and end of their working day according to their personal needs (*Table 3*). It seems that it is mostly the workforce in companies with over 250 employees that is able to adapt the start and end of their working day.

Table 3 Proportion of companies reporting that some employees may adapt the start and end of their working day to their personal needs, 2013, Luxembourg

Company size	None or fewer than 20% in the establishment	20-80% in the company	More than 80% in the company
10 to 49	38%	21%	41%
50 to 549	35%	29%	36%
250 and more	31%	15%	54%
Total	37%	22%	41%

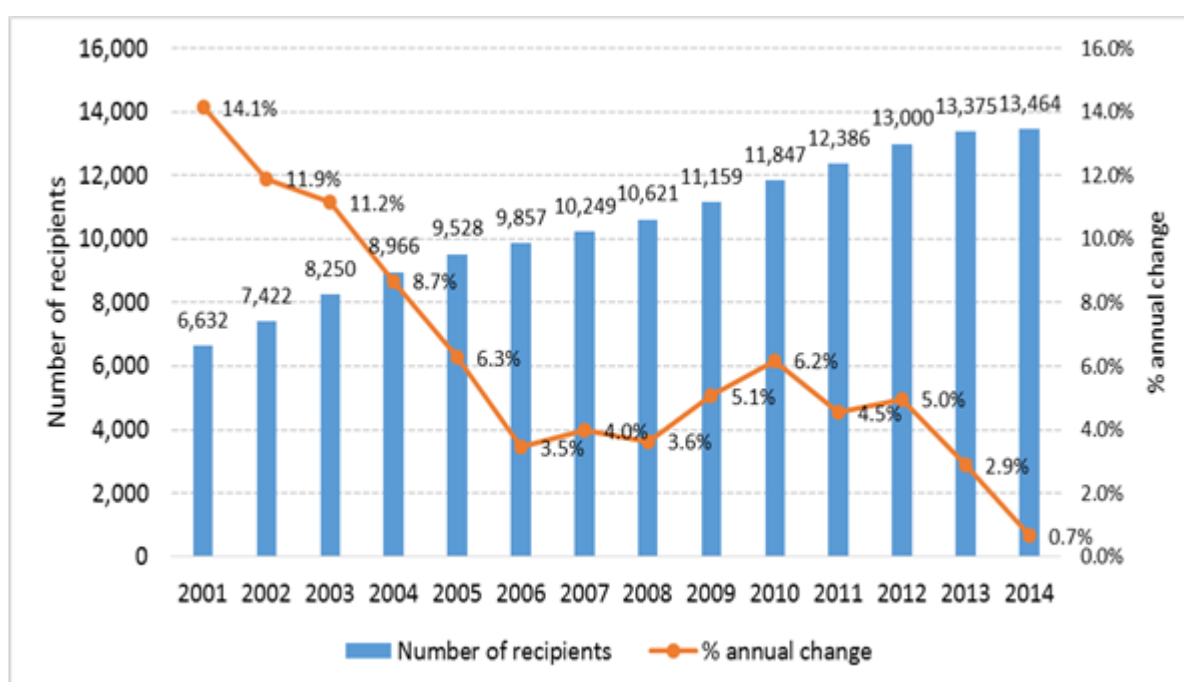
Source: Eurofound (2015b) based on European Company Survey 2013

2.1.2 Carers' benefits in cash and in kind

Long-term care insurance (*l'assurance dépendance*)

The use of long-term care insurance has evolved from 5,810 dependent persons in 2000 to 13,464 dependent persons in 2014 (IGSS, 2015) (*Figure 1*). The number of recipients is estimated at approximately 13,580 persons for 2016 (CNS, 2015). Nonetheless, the annual growth rate has slowed down, which could be an indication that the scheme has reached maturity and from now on will be mainly influenced by the evolution of the number of dependent persons. Based on the Ageing Report 2015 of the European Commission, the number of dependent persons is expected to increase from 32,000 in 2013 to 48,000 in 2030 and even to 81,000 in 2060 (EC, 2015a).

Figure 1 Use of long-term care insurance, 2000-2014, Luxembourg



Source: IGSS (2015)

The dependent persons show the following characteristics for the reference year 2014 (IGSS, 2015):

- Only one-third of the claimants reside in care institutions (4,385 persons), while two-thirds are cared for at home (9,079 persons);
- The coverage rate of persons aged 65 and over is equal to 13.7%;
 - Two out of three beneficiaries are women (64%);
 - 96.8% are Luxembourg residents;
 - 78% of male beneficiaries are cared for at home while 'only' 62% of female beneficiaries are cared for at home;⁶
- The average age of beneficiaries in care institutions (84.6 years) is considerably higher than of those cared for at home (65.6 years).

⁶ A possible explanation are the differences in life expectancy at 65 between women (on average 22 additional years) and men (on average 18.6 additional years) for Luxembourg (EC, 2015a).

In 2014 a total of 1,016 beneficiaries received cash benefits and 5,728 beneficiaries received both in cash and in kind benefits (*Table 4*). The annual unit cost (i.e. expenditure / number of recipients) of the cash benefits provided to support informal care amounts to roughly EUR 8,700. This annual unit cost is much lower compared to the unit cost of home care (EUR 21,494) and residential care (EUR 71,192). Previous research findings confirm the higher unit cost of residential care compared to home care and informal care by using cash benefits (Lipszyc et al., 2012).

Table 4 Long-term care insurance, cost comparison between institutional care and at home care, 2014, Luxembourg

	Residential care	Home care				Total
	Total	In kind	In cash	Both	Total	
Number of recipients	4,385	1,563	1,016	5,728	9,079	13,464
Expenditure (in € millions)	312.2			58.7	195.1	521.0
Annual unit cost (= per beneficiary) (in €)	71,192			8,701	21,494	38,693

* Sum of breakdown is not equal to total (8,307 compared to 9,079)

Source: IGSS (2015)

Based on figures reported by Hohmann and Ludwig (2012) a total of 4,800 persons were registered as informal caregivers to partly replace the professional caregivers for up to maximum 10.5 hours per week. Some 66% of home care recipients would opt for this voluntary combination of professional and informal caregivers. The majority of the latter are female family members (Ibid.). Moreover, the care of a dependent person can be credited as a contributory period to the pension system under certain circumstances. Between 1999 and 2014 this has been applied 'only' for 2,940 persons (IGSS, 2015).

2.2 Assessment of overall package of measures and interactions between measures

Luxembourg shows a LTC public spending of 1.5% of GDP for 2013 (EC, 2015a). Approximately 13% of the population in Luxembourg aged 65 years and over receives long-term care, either in residential care (5.3%) or at home (7.7%) (EC, 2014). So, Luxembourg seems to rely more on home care and as a result also on informal care. Figures on the percentage of informal carers seem to vary widely between surveys (Eurofound, 2015a). For example, Eurofound's third European Quality of Life Survey (EQLS) showed only 7% carers in Luxembourg among the working age population (EU-28: roughly 10%). Meanwhile the Eurobarometer survey 76.2 of 2011 showed that 19.2% of the working population in Luxembourg stated they take part-time care of an older family member and only 0.9% stated they take full-time care. The share of carers in the working age population in Europe was 16.4%, including full-time (2.8%) and part-time carers (13.5%).

The female employment rate (for those aged between 50 to 64 years as the provision of care increases with age) is an important indicator of potential care supply. In 2014 the employment rate of the active population (20 to 64 years) reached 78.4% for men and

65.5% for women.⁷ Moreover, 35.7% of female employment relates to part-timeworkers. Both the gender employment gap (i.e. the difference between the employment rates of men and women of working age) and the percentage of part-time workers in total female employment are above the EU-28 average (gender employment gap of 11.5 percentage points and 32.8% of EU-28 female employment relates to part-time workers). Despite the gender employment gap of 12.9 percentage points, the female employment rate increased steadily with 10 percentage points compared to the beginning of the new millennium. Also, Luxembourg shows a higher female employment rate compared to the EU-28 (63.5%). However, if we only take the female employment rate for those aged between 50 to 64 years into consideration, the female employment rate in Luxembourg (48%) is below the EU-28 average (54.3%).⁸

2.3 Policy recommendations

There is a major consensus in Luxembourg on the usefulness of long-term care insurance, supporting real informal care, without affecting in a negative way the quantity and quality of professional care. Informal caregivers can partly replace the professional caregivers for a maximum of 10.5 hours per week. The dependent person should use the cash benefit to pay an informal caregiver of her/his choice, who is frequently a female family member. It minimizes the possible income loss for the informal caregiver. It also implies a remuneration for the economic value of informal care which is not at all a common policy in other countries. However, the fact that two-thirds of the claimants of long-term care insurance are cared for at home and that 2 in 3 of them opt for the voluntary combination of professional and informal care puts a pressure on the work-life balance of mainly female informal caregivers aged between 50 and 64 years and on their availability for work. Therefore, the reform of long-term care insurance announced by the government should also address this issue. For instance, by making an assessment of the extent to which long-term care insurance facilitates a reconciliation of work and family life and influences the participation of women in the labour market.

In recent years, Luxembourg has introduced several legislative measures to facilitate the reconciliation of work and family life and to support carers. It could be considered as a catching-up process since the start of the new millennium. However, Luxembourg still shows a rather average generosity level of legal entitlements for the reconciliation of work and care (Eurofound, 2015a). This is mainly the result of the short period of the carers' leaves and their narrow scope. These short periods of entitlement could be addressed in the future. Nonetheless, an important advantage of the carers' leaves in Luxembourg compared to other countries is the payment of the full salary during the period of leave.

⁷ Eurostat [Ifsi_emp_a]

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